

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

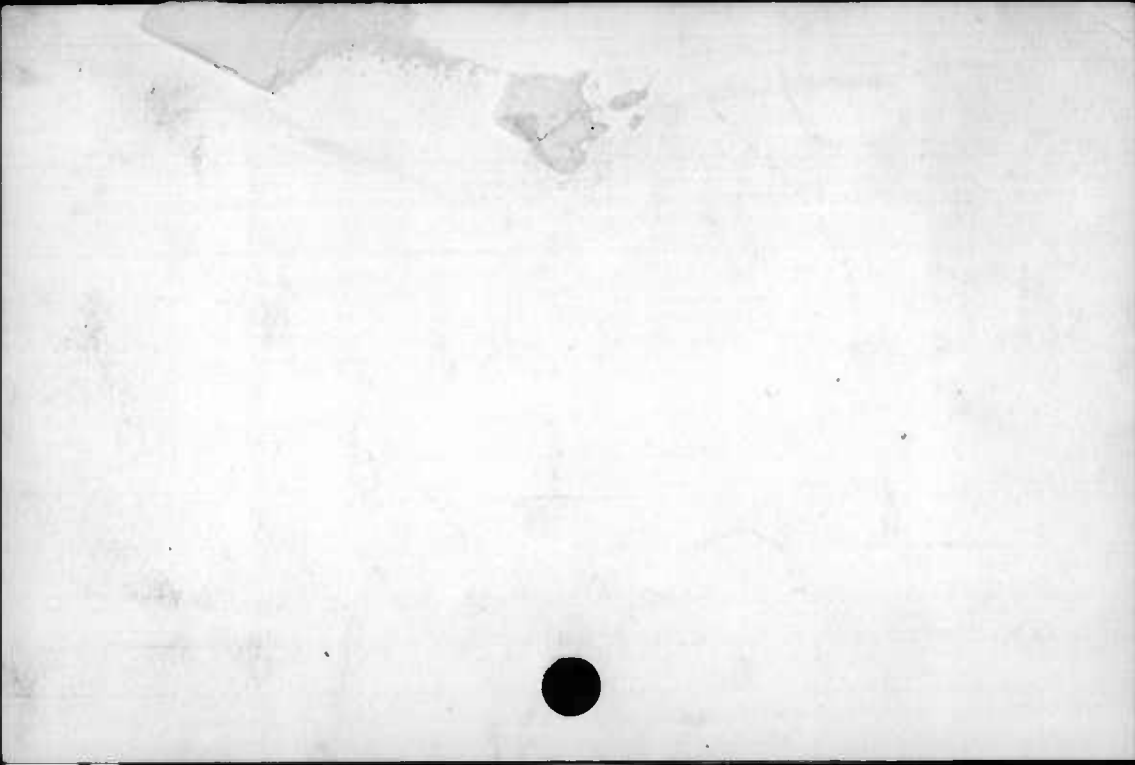
Died at <i>Edwin</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>13</i>	Age <i>2</i>	Years <i>2</i> Months <i>2</i> Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Talbot</i>		
Occupation <i>4</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>H. P. Adams</i>	Father's Birthplace <i>Talbot</i>				
Mother's Maiden Name <i>Larry E. Fitzugh</i>	Mother's Birthplace <i>D. G. Dyble</i>				
Name of person giving information <i>H. P. Adams</i>	How related to deceased <i>father</i>				

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>2 days</i>
Immediate <i>Convulsions</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Chas. Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

George, Oscar Baynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

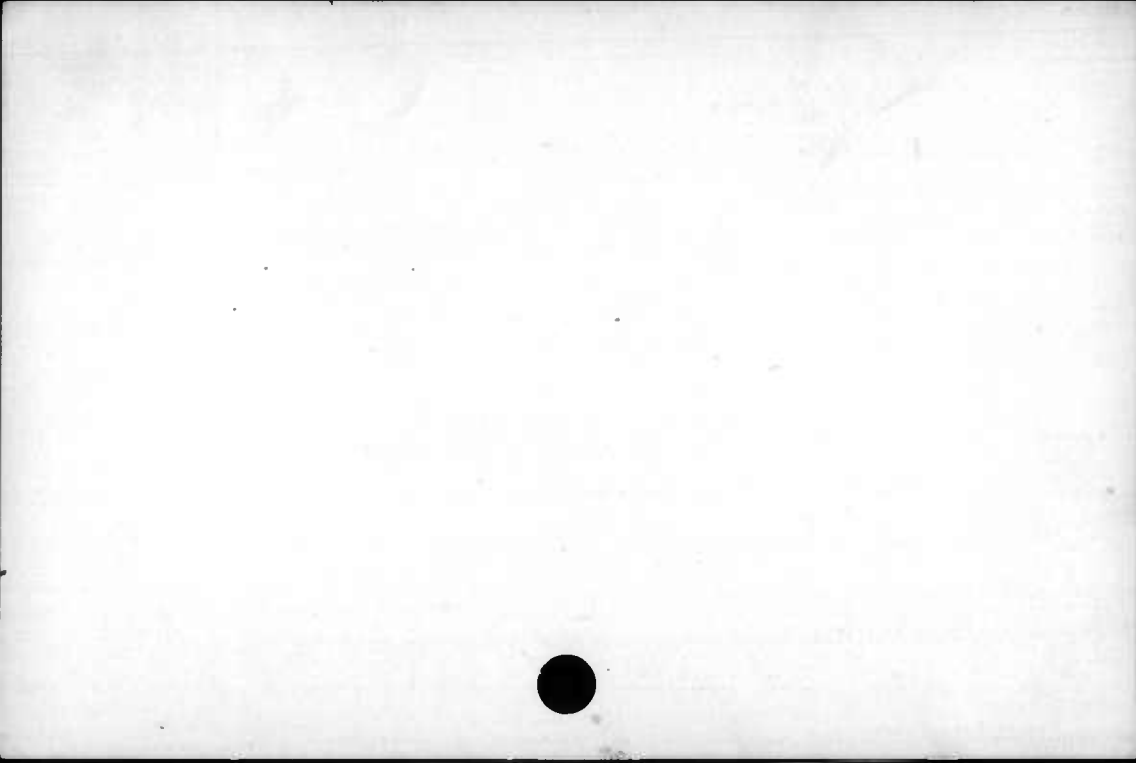
Died at <sup>Town</sup> St Michaels		<sup>County</sup> Talbot		MARYLAND	
Date of death 1908	Month July	Day 27	Age —	Months 3	Days 22
Sex male	Color or Race white		Birth-place St Michaels Md		
Married, Single or Widowed Infant		Occupation none			
Name of Wife or Husband —					
Father's Name Oscar Baynard			Father's Birthplace St Michaels Md		
Mother's Maiden Name Virginia Blades			Mother's Birthplace St Michaels Md		
Name of person giving information Oscar Baynard			How related to deceased Father		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Malnutrition, ileo colitis acute nephritis	How long 2 mos
Immediate	General As themia	How long one month
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. B. Blasco
		Address St Michaels Md
Accident or Suicide? —		



Name  
in  
Full

Ruth M. Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bozman</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	July	Day	19
Age	11	Years	11	Months	9
Sex	Female	Color or Race	Colored	Birth-place	Talbot Co.
Occupation	girl.	Where Residing if not at place of death <u>Same</u>			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Clayson Bailey	Father's Birthplace <u>Talbot Co.</u>			
Mother's Maiden Name	Abertia Collins	Mother's Birthplace <u>Baltimore</u>			
Name of person giving information	Abertia Collins	How related deceased <u>Mother</u>			

## CAUSES OF DEATH

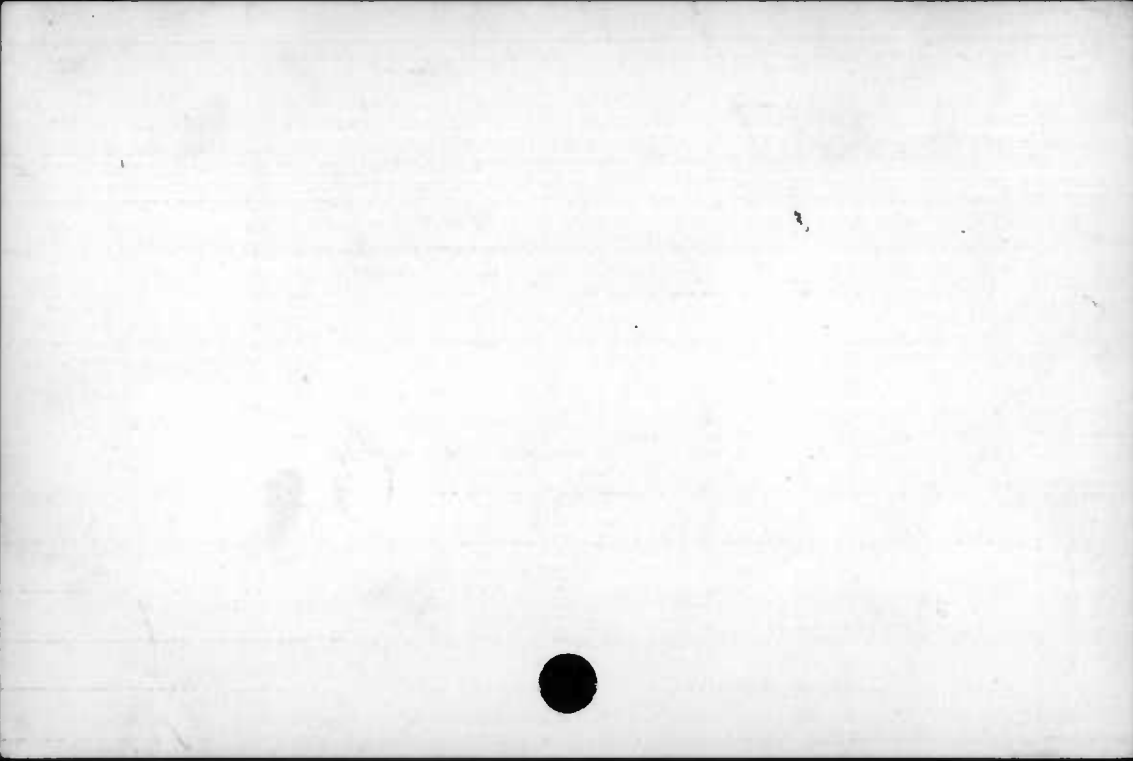
79

PHYSICIAN  
OR CORONER

Primary	<u>Heart Trouble</u>	How long	<u>about two</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. J. B. Smith</u>
		Address	<u>St. Michaels.</u>
Accident or Suicide?	<u>No</u>		<u>True</u>



Name in Full <b>Lilly May Cooper</b>		TOWN <b>Tilghman</b>		COUNTY <b>Talbot</b>		STATE <b>MARYLAND</b>	
Died at <b>Tilghman</b>		Date of death <b>1908</b>		Month <b>July</b>		Day <b>26</b>	
Age <b>—</b>		Years <b>—</b>		Months <b>13</b>		Days <b>5</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Tilghman</b>		<b>11</b>	
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>J. Henry Cooper</b>		Father's Birthplace <b>Tilghman</b>					
Mother's Maiden Name <b>Virginia Roe</b>		Mother's Birthplace <b>Tilghman</b>					
Name of person giving information <b>J. Henry Cooper</b>		How related to deceased <b>Father</b>					
CAUSES OF DEATH							
Primary <b>Meningitis</b>		How long <b>11 days</b>					
Immediate <b>—</b>		How long <b>—</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. Kennedy Nelson</b>					
Address <b>Tilghman</b>		Address <b>Tilghman</b>					
Accident or Suicide? <b>no</b>		Accident or Suicide? <b>no</b>					





Name  
in  
Full

Elaine Coulbourn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

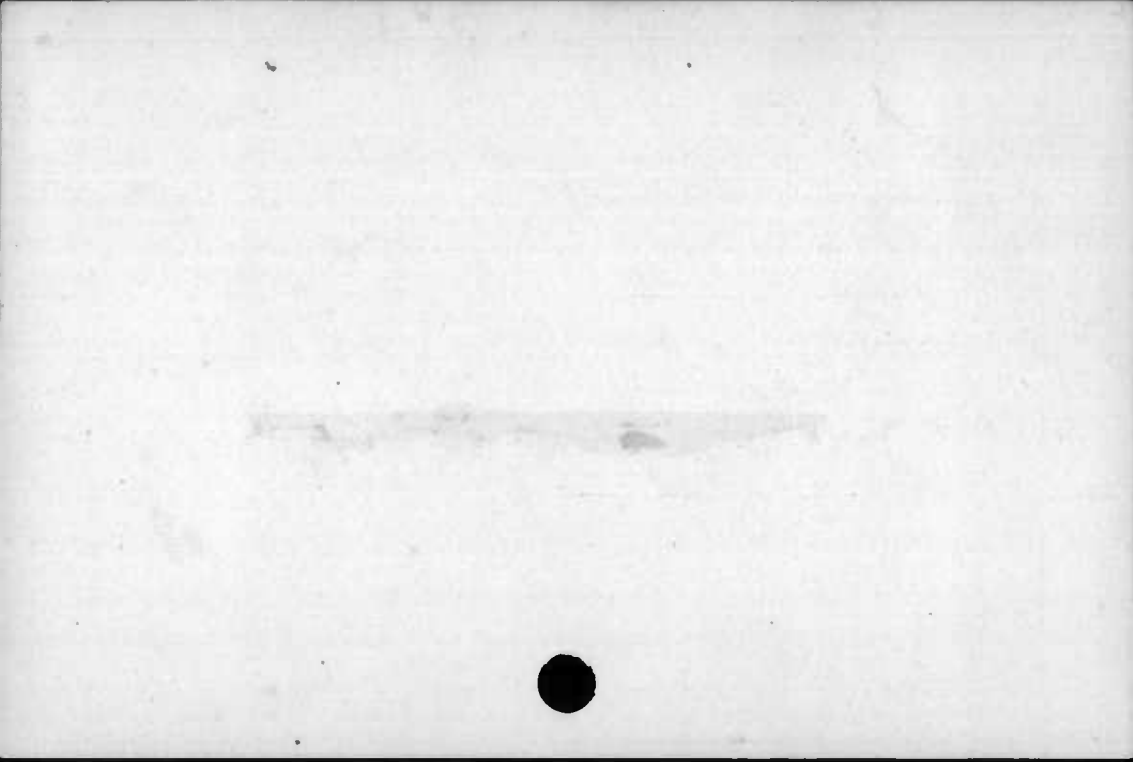
Died at		Town St Michaels		County Talbot			
Date of death	190	Month July	Day 31	Age 3	Years 3	Months 11	Days 18
Sex Female	Color or Race Colored			Birth- place St Michaels			
Occupation infant				Where Residing if not at place of death St Michaels			
Married, Single or Widowed 1		Name of Wife or Husband					
Father's Name Wm. H. J. Coulbourn		Father's Birthplace Maryland					
Mother's Maiden Name Ida Mary Dvors		Mother's Birthplace Idaho					
Name of person giving information Wm. H. J. Coulbourn		How related to deceased Father.					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	3 weeks
Immediate	Heart failure	How long	...
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. C. D. Dvors	
Address		St Michaels	
Accident or Suicide?		no	



Name

in  
Full

Christina Ehrhardt

## CERTIFICATE OF DEATH

MARYLAND

Died at

McDaniel

Town

Talbot

County

Date

of death

190

Month

8 July

Day

5

Age

Years

80

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Theodor Ehrhardt

Father's  
Name

Fred Boeser

Father's  
Birthplace

Ger

Mother's  
Maiden Name

Not known

Mother's  
Birthplace

Cyprus

Name of person giving  
In formation

Mrs. Boeser Howard

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Senile Debility

How long

Several months

Immediate

Traumatic Coma

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. H. Stokes, M.D.  
St Michaels  
Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6175

3085  
1380

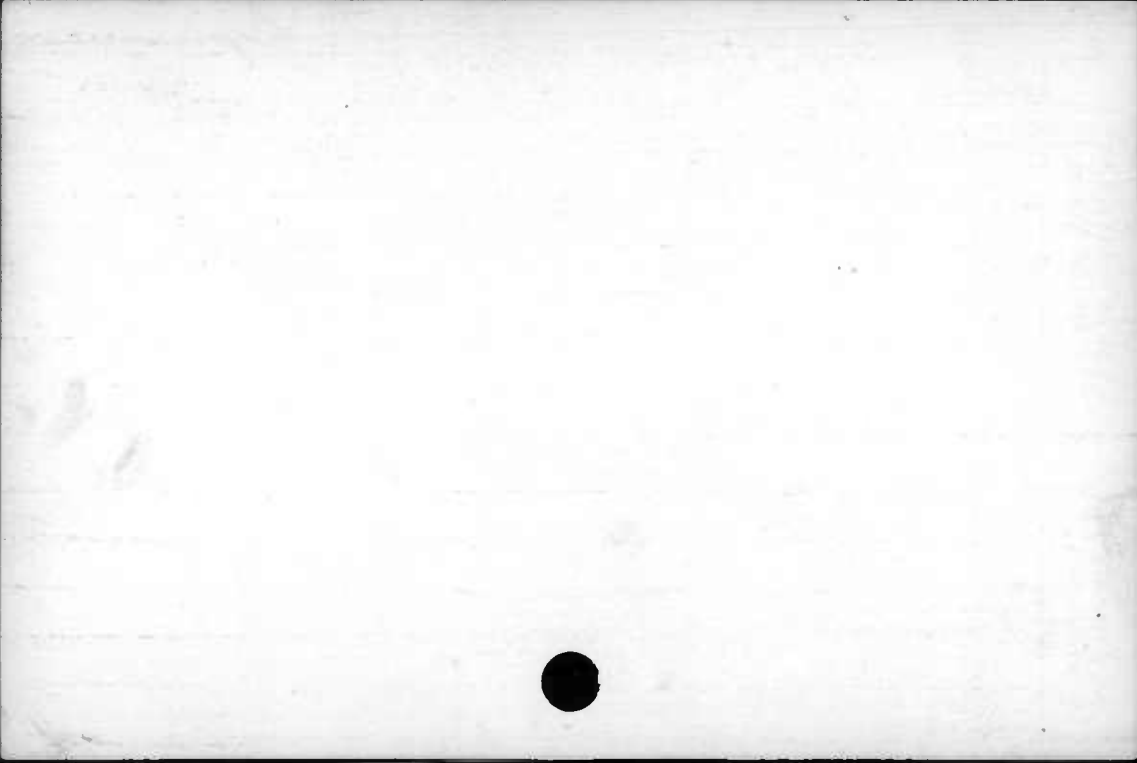
44.65

696

343  
4

1380

Name in Full		Robert H. Rouse Glasecock				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		St. Michaels Md		County		Tallon			
	Date of death		1908		Month		July			
			Day		24		Age			
			Years		Months		11			
			Days		13					
	Sex		male		Color or Race		white			
	Birth-place		St. Michaels Md							
Occupation				Where Residing if not at place of death						
Married, Single or Widowed		Single		Name of Wife or Husband						
Father's Name		Arthur B. Glasecock				Father's Birthplace		West Virginia		
Mother's Maiden Name		Anna L. Rouse				Mother's Birthplace		Kent Co. Md		
Name of person giving information		A. B. Glasecock				How related to deceased		Father		
		CAUSES OF DEATH				105				
PHYSICIAN OR CORONER	Primary		Bronchitis, Aleo. Colitis Acute, Nephritis				How long		4 weeks	
	Immediate		Asthenia due to non assimilation of food				How long		2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. B. Glasecock			
					Address		St. Michaels Md			
	Accident or Suicide?									



Name  
in  
Full

Charles Edward Green

## CERTIFICATE OF DEATH

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NEAREST FRIEND

MARYLAND

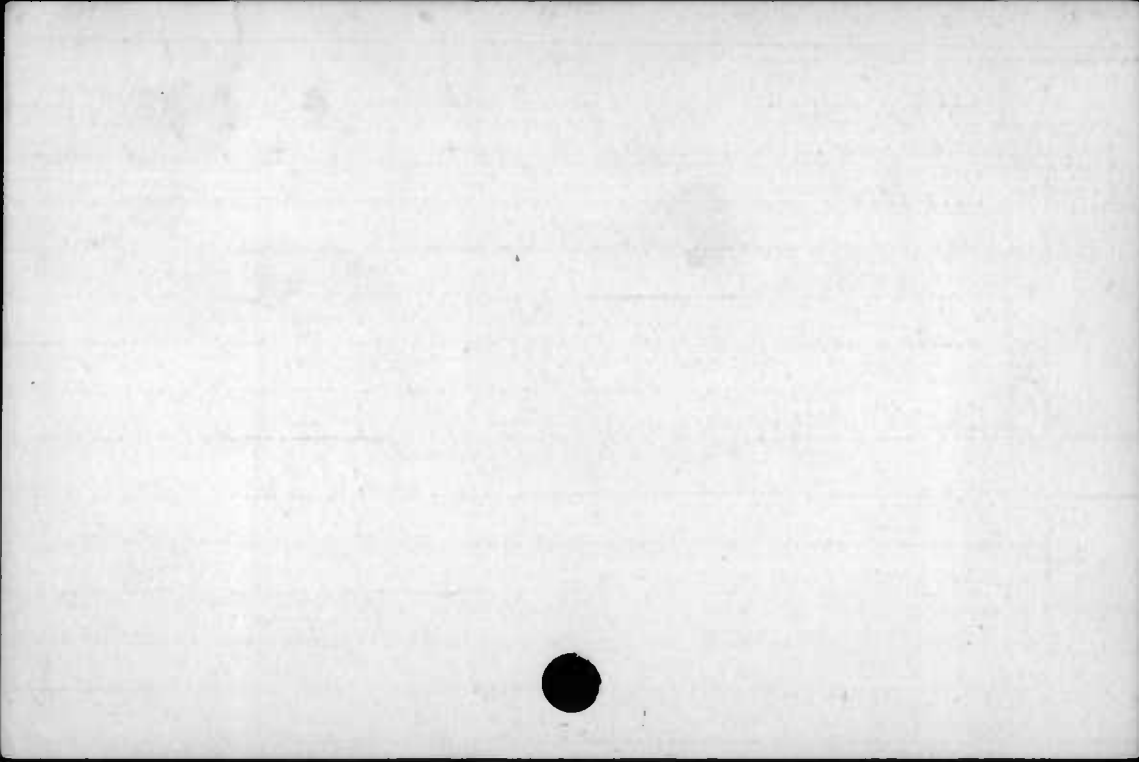
Died at		Town <i>St. Michaels</i>		County <i>Talbot</i>			
Date of death		190	Month <i>July</i>	Day <i>24</i>	Age <i>4</i>	Years <i>11</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth- place <i>St Michaels</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Green</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Sarah Jane Barnett</i>		Mother's Birthplace <i>Talbot Co</i>					
Name of person giving In formation <i>Sarah Jane Green</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

179

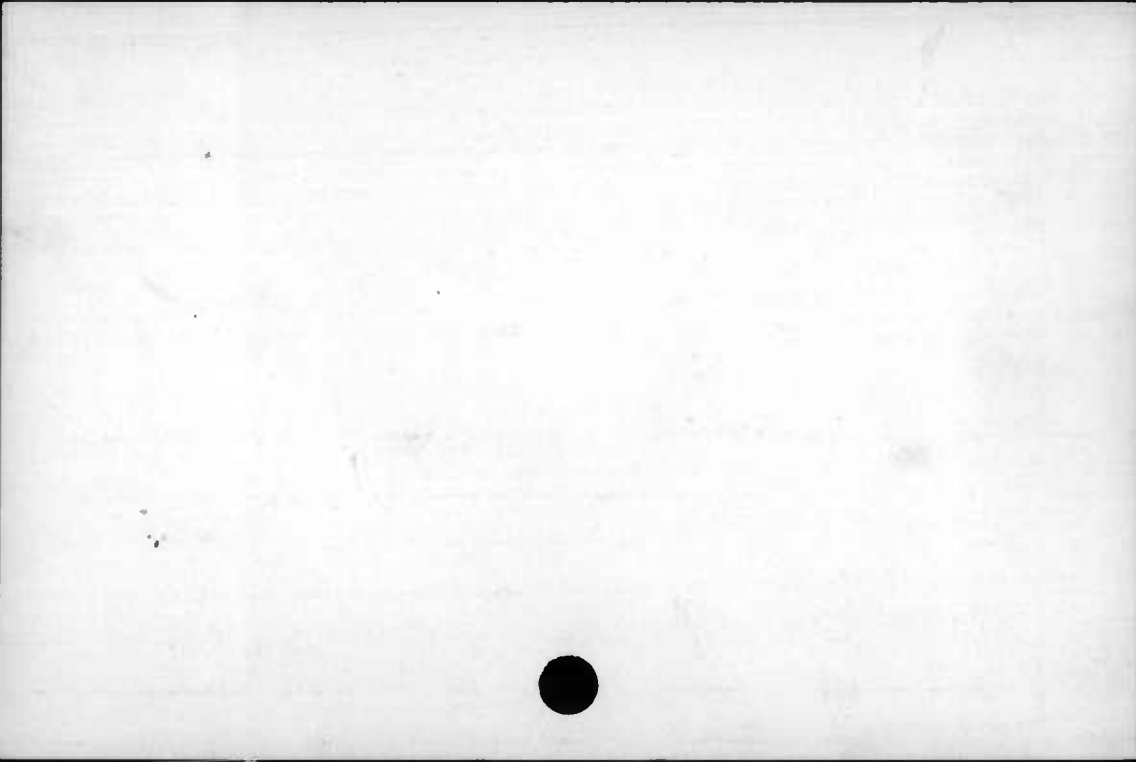
PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long <i>1 month</i>
Immediate	<i>Cardiac Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Stoper MD</i>
<i>Yes</i>		Address <i>St Michaels Md</i>
Accident or Suicide? <i>No</i>		





Name in Full		Fredia Greene				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	190		7	1	34	3	—
	Sex		Color or Race		Birth-place		
	Female		White		Germany		
	Occupation		Where Residing if not at place of death				
	House Wife		Easton				
	Married, Single or Widowed		Name of Wife or Husband				
Married		Julius Greene					
Father's Name		Father's Birthplace					
Fredrick Lichte		Germany					
Mother's Maiden Name		Mother's Birthplace					
— Not Known		Germany					
Name of person giving information		How related to deceased					
Julius Greene		Husband					
<div>CAUSES OF DEATH</div> <div>119</div>							
PHYSICIAN OR CORONER	Primary		How long				
	Acute Nephritis		4 days				
	Immediate		How long				
	Convulsions		few hrs.				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		Chas. W. Davidson					
		Address					
		Easton, Md.					
Accident or Suicide?							



Name  
in  
Full

Theodore. L. Gross

## CERTIFICATE OF DEATH

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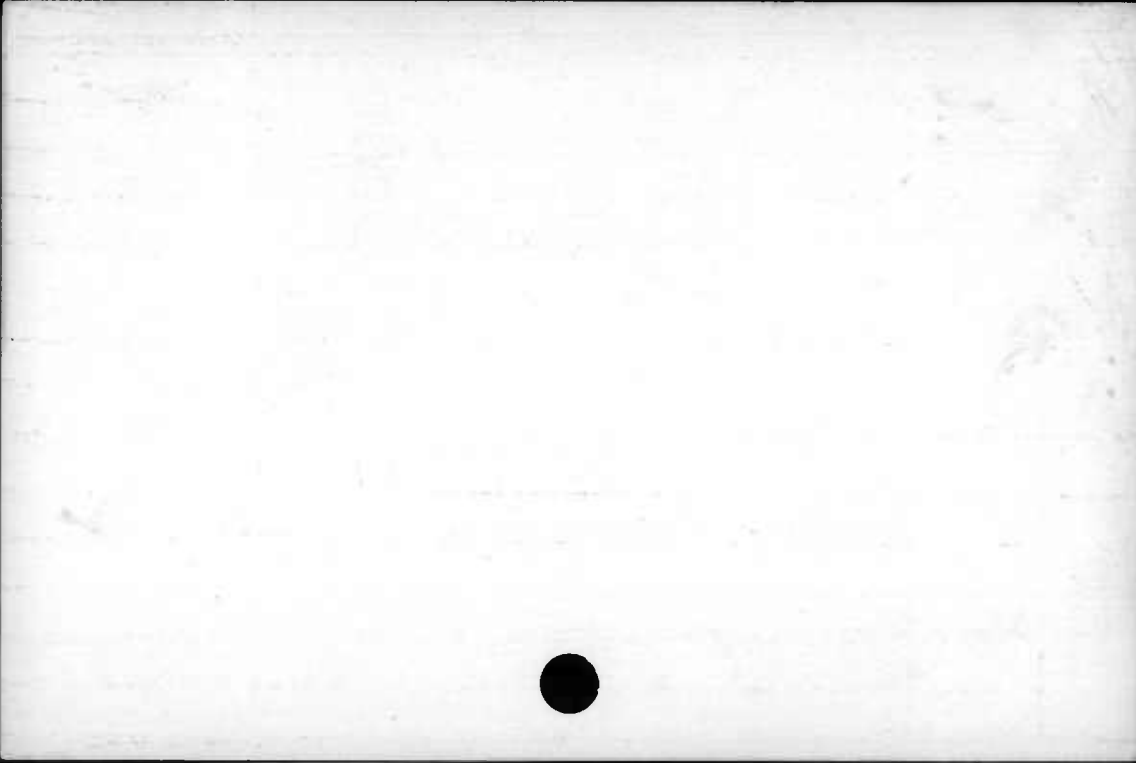
Died at <i>St Michael's</i>		Town <i>Talbot</i>		County	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>St Michael's Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Richard Gross</i>		Father's Birthplace <i>Talbot Co Md</i>			
Mother's Maiden Name <i>Susie Butler</i>		Mother's Birthplace <i>St Michael's Md</i>			
Name of person giving information <i>Susie Butler</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Asthenia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. B. Blaser M.D.</i>	
		Address <i>St. Michael's Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Orem Nathaniel Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

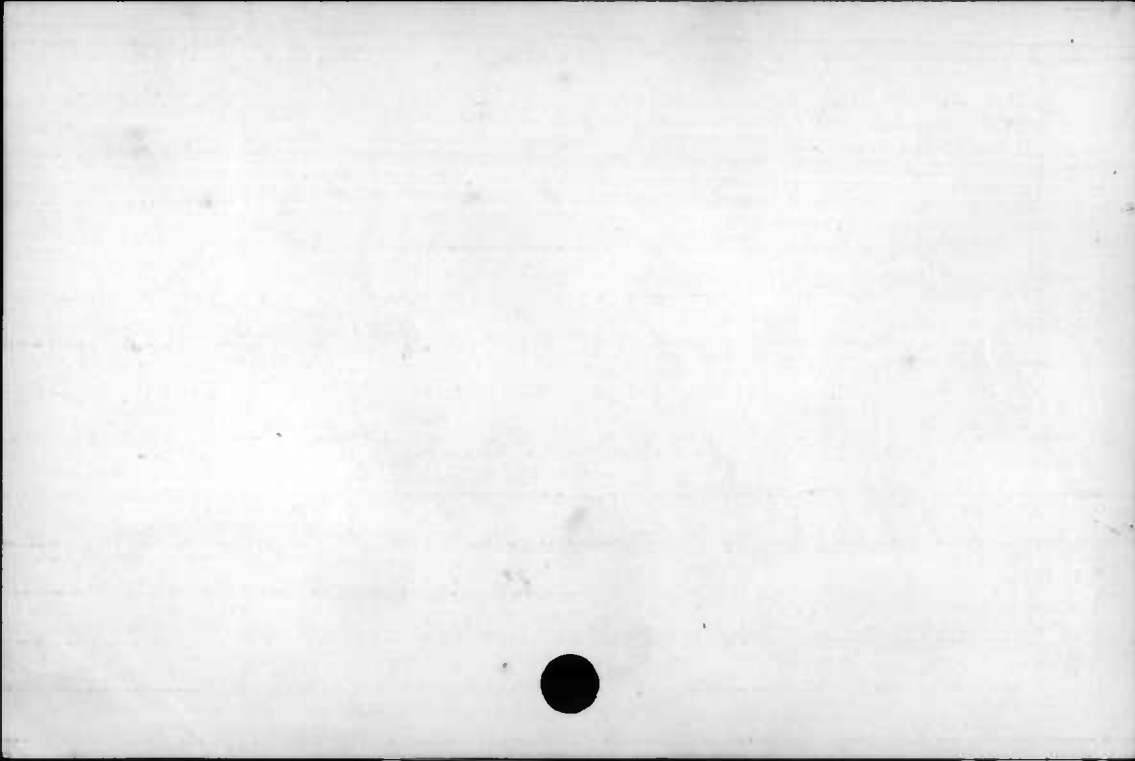
Died at <i>Sherwood</i> Town		<i>Salbat</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>4</i>	Age <i>32</i>	Months <i>9</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sherwood Md</i>		
Occupation <i>Farmer &amp; Sailor</i>			Where Residing if not at place of death <i>" "</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lucy Louvina Harrison</i>				
Father's Name <i>John Thomas Harrison</i>	Father's Birthplace <i>Sherwood</i>		Mother's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name <i>Amelia Ann Warner</i>	Name of person giving information <i>John S. Harrison</i>		How related to deceased <i>Father -</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>6 mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. K. Nelson</i>
<i>No.</i>	Address <i>Lilghman Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name Mamie M. Hinson Town Wittman County Talbot

Died at Wittman Talbot

Date of death 1908 July 26 Age 98 Months    Days   

Sex Female Color or Race Colored Birthplace Talbot Co.

Occupation Cook Where Residing if not at place of death Same

Married, Single or Widowed Widowed Name of ~~Wife or~~ Husband Henry Hinson

Father's Name William Thomas Father's Birthplace Talbot Co.

Mother's Maiden Name Mamie Thomas Mother's Birthplace Talbot Co.

Name of person giving information Jas. S. Hinson How related to deceased Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Old age

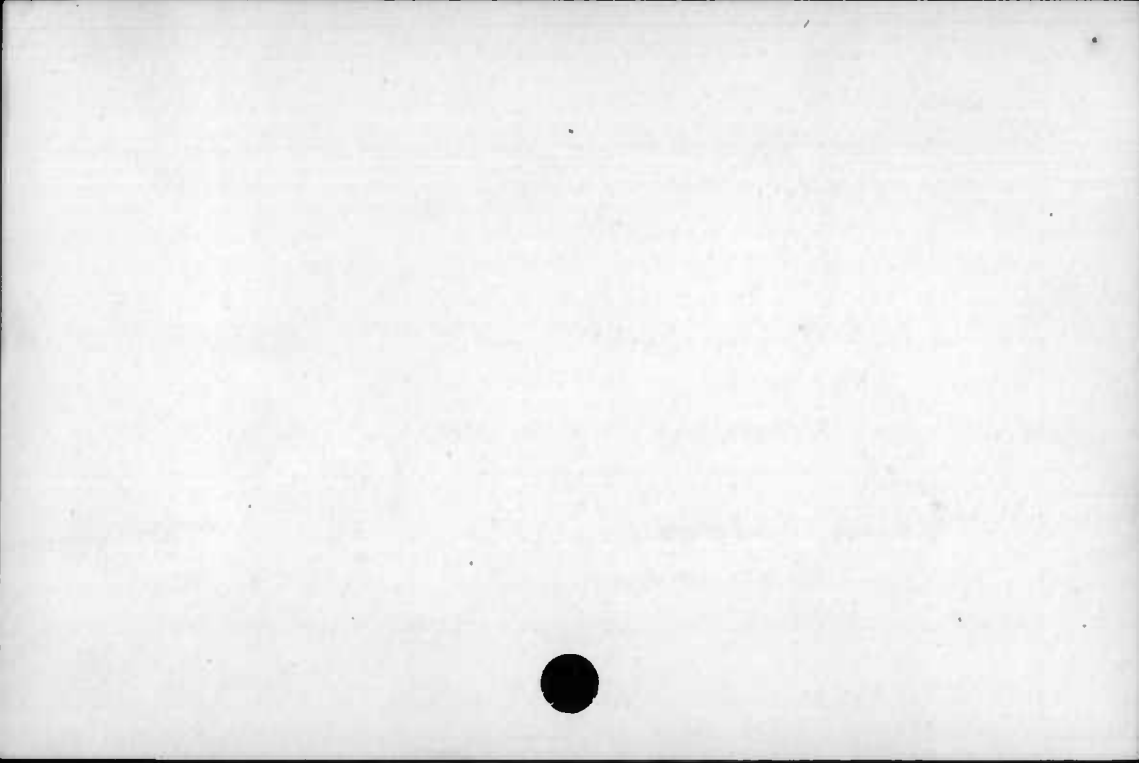
Immediate Heart failure

How long   How long   Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide? No





Name  
in  
Full

Mary E Lassier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

Easton

County

Talbot

Date

Month

Day

Age

Years

Months

Days

of death 1908 July

24

X

4

7

Sex

Female

Color or  
Race

White

Birth-  
place

Easton Md

Occupation

X

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

X

Name of Wife or  
Husband

X

Father's  
Name

Jesse Lassier

Father's  
Birthplace

Baltimore County

Mother's  
Maiden Name

Flanner E Brambaugh

Mother's  
Birthplace

Pa

Name of person giving  
In formation

Jesse Lassier

How related  
to deceased

Teacher

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Enter - Catarrh

How long

2 mos

Immediate

Exhaustion

How long

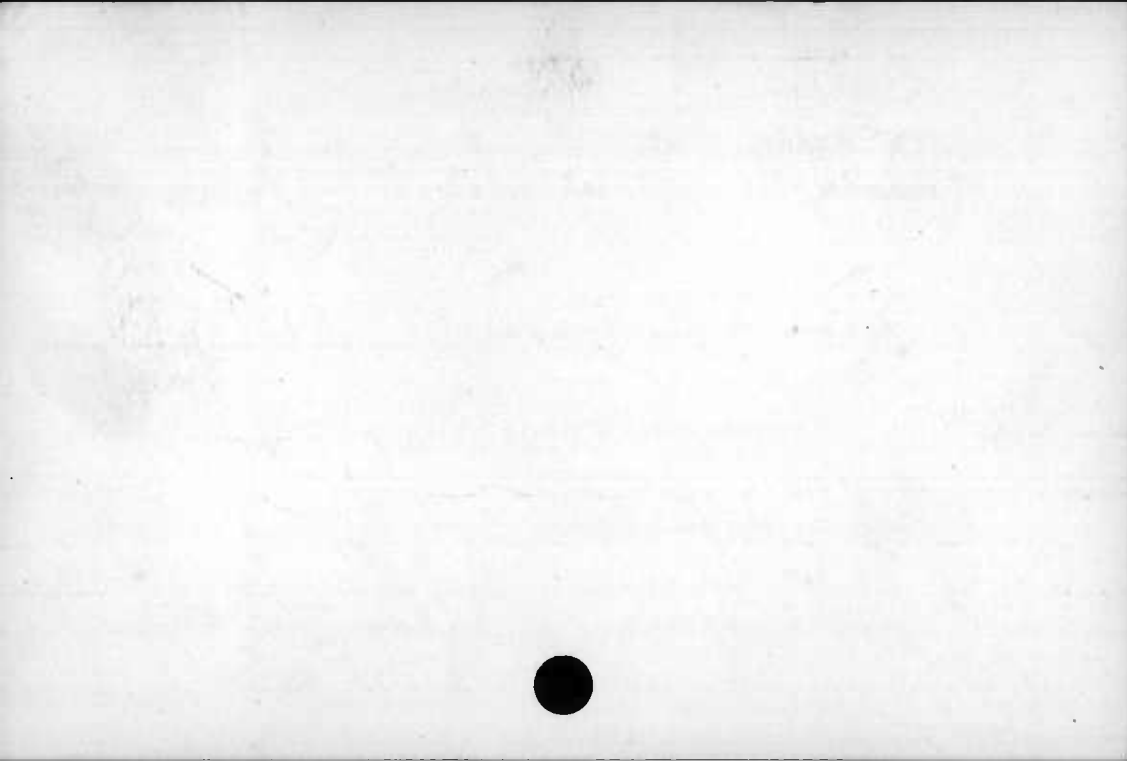
2 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. A. Meritt  
Easton

Accident or Suicide?



Name  
in  
Full

Marion Lednum

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Easton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>			
Date of death <u>1908</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>11</u>		Age <u>1</u> <sup>Years</sup>		Months <u>7</u> Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Washington</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>Jessie A Lednum</u>		Father's Birthplace <u>Not known</u>			
Mother's Maiden Name <u>Sara Wroton</u>		Mother's Birthplace <u>Talbot Co</u>			
Name of person giving information <u>Mama S Wroton</u>		How related to deceased			

## CAUSES OF DEATH

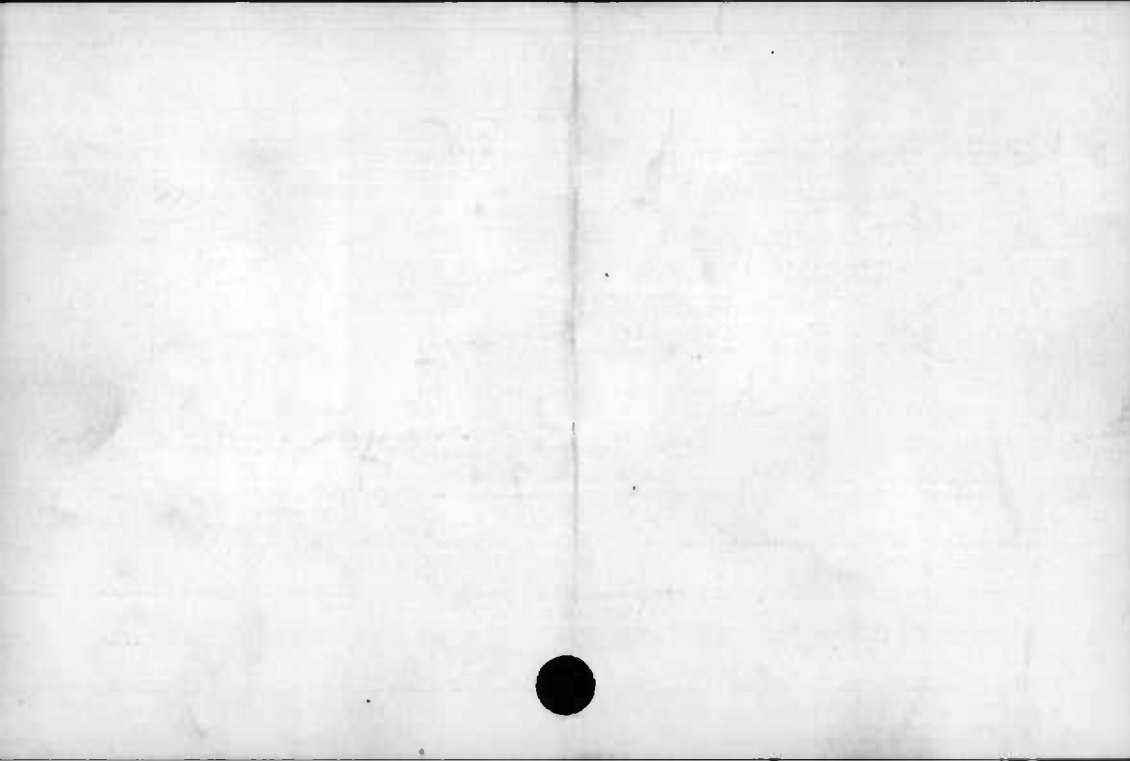
105

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>2 wks</u>
Immediate <u>Exhaustion</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. H Davidson</u>
	Address <u>Easton, Md.</u>
Accident or Suicide?	



Name in Full <b>Emuls McQuay</b>		CERTIFICATE OF DEATH	
Died at <b>Easton</b> Town		<b>Talbot</b> County	
Date of death <b>1908</b> Month <b>7</b> Day <b>7</b>		Age <b>55</b> Years Months <b>5</b> Days <b>20</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>	
Occupation <b>Farmer</b>		Birth place <b>Green Anne</b>	
Where Residing if not at place of death <b>Shipton</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Ethel McQuay</b>	
Father's Name <b>Daniel McQuay</b>		Father's Birthplace <b>Green Anne</b>	
Mother's Maiden Name <b>Rachel Jones</b>		Mother's Birthplace <b>Green Anne</b>	
Name of person giving information <b>Ethel McQuay</b>		How related to deceased <b>Wife</b>	
CAUSES OF DEATH			
Primary <b>Septicemia from Syphilis.</b>		How long <b>Not Known</b>	
Immediate <b>Infiltration of Urine</b>		How long <b>few days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Chas. J. Davidson</b>	
		Address <b>Easton Md</b>	
Accident or Suicide? <b>9</b>			



Name  
in  
Full

Jno. B. Marshall Jr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

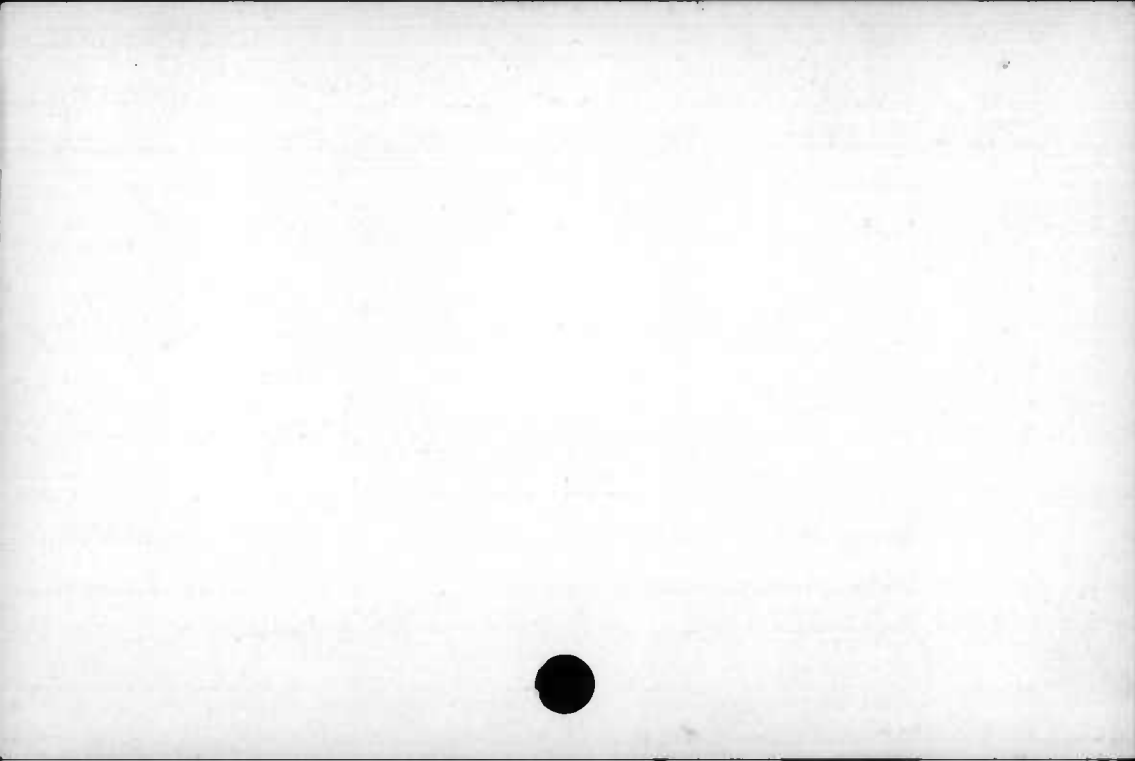
Died at <i>St Michaels</i> <sup>Town</sup>		<i>Dalbert</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>23</i>	Age <i>—</i> <sup>Years</sup>	Months <i>9</i>	Days <i>—</i>		
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>St. Michaels Md</i>			
Married, Single or Widowed <i>Infant</i>	Occupation <i>none</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jno. B. Marshall</i>		Father's Birthplace <i>St. Michaels Md</i>			
Mother's Maiden Name <i>Nettie Burton</i>		Mother's Birthplace <i>St. Michaels Md</i>			
Name of person giving information <i>Nettie Marshall</i>		How related to deceased <i>mother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

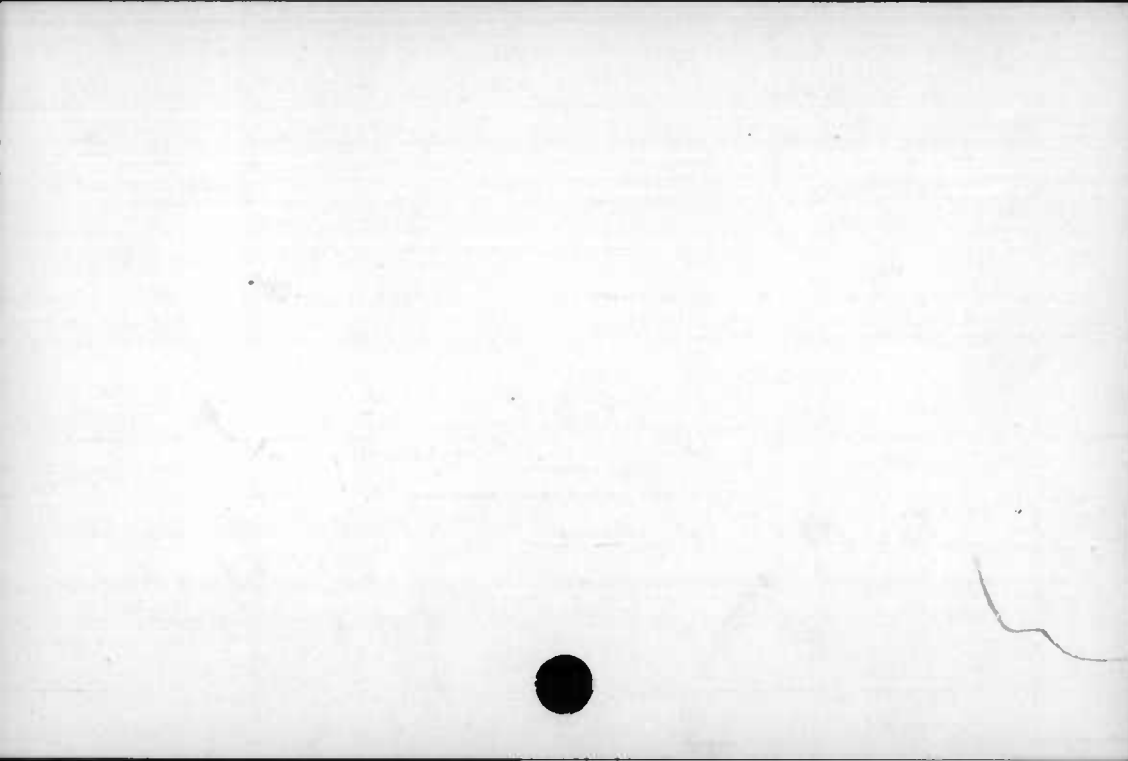
Primary <i>Dys. Colitis</i>	How long <i>1 month</i>
Immediate <i>Asthma</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Blackock</i>
	Address <i>St. Michaels Md</i>
Accident or Suicide? <i>—</i>	





Name in Full		Fraud C. Mason				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Easton		County Talbot		MARYLAND
	Date of death		1908	Month July	Day 4th	Age 54	Months _____ Days _____
	Sex		male		Color or Race white		Birth-place Talbot Co
	Occupation		Merchant		Where Residing if not at place of death _____		
	Married, Single or Widowed		Married		Name of Wife <del>Husband</del> Annie E. Mason		
	Father's Name		Wm Mason		Father's Birthplace Talbot Co		
	Mother's Maiden Name		Anna Corley		Mother's Birthplace Delaware		
Name of person giving information		Annie E. Mason		How related to deceased wife			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Bright's disease			How long Five years	
	Immediate		Cerebral hemorrhage			How long Two hours	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. A. Stevens		
					Address Easton Md		
	Accident or Suicide?		no				

120



Name  
in  
Full

Bernice Virginia Mullikin

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Tabor		MARYLAND	
Date of death	1908	Month July	Day 18	Age Years	1	Months	11
Sex	Female		Color or Race	white		Birth- place	Easton
Occupation	X			Where Residing if not at place of death		X	
Married, Single or Widowed	X		Name of Wife or Husband		X		
Father's Name	Lo I Mullikin				Father's Birthplace	Lum Anna	
Mother's Maiden Name	Maud Bonus				Mother's Birthplace	DCL	
Name of person giving In formation	Lo I Mullikin				How related to deceased	Father	

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	Burn by boiling water	How long	24 hrs
Immediate	Heart Failure	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Easton		
Accident or Suicide?			



Name  
in  
Full

Herbert Murphy

CERTIFICATE OF DEATH

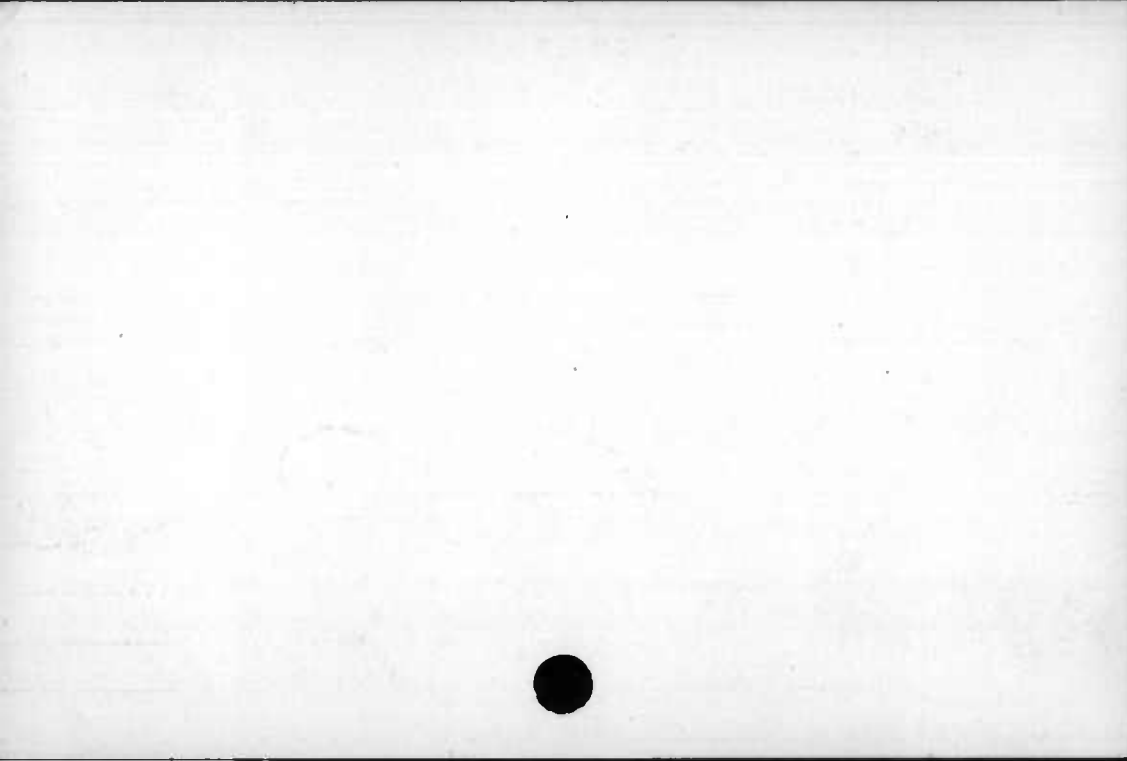
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Easton</i> <sup>Town</sup>		<i>Hub</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>27</i> <sup>Years</sup>	Months <i>—</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Greenboro</i>		
Occupation <i>Bricklayer</i>			Where Residing if not at place of death <i>Easton</i>		
Married, <del>Single</del> or Widowed		Name of Wife or <del>Husband</del> <i>Lydia Murphy</i>			
Father's Name <i>Lewis Murphy</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Annie Christopher</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Lewis Murphy</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>General debility</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Moore</i>
	Address <i>Easton, Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Carl Whiteley Mushaw

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

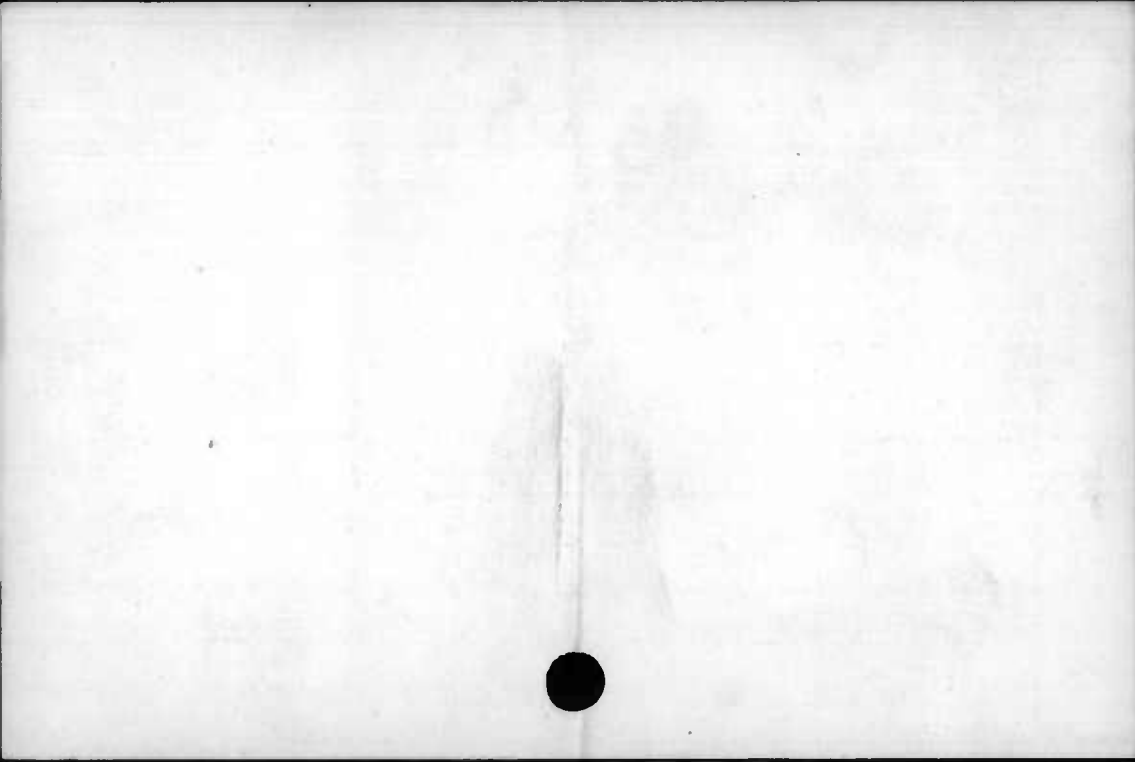
Died at <b>Trappe</b> <small>Town</small>		<b>Talbot</b> <small>County</small>		<b>MARYLAND</b>	
<b>Date</b> of death <b>1908</b> <small>Month</small>	<b>July</b> <small>Day</small>	<b>6</b> <small>Age</small>	<b>—</b> <small>Years</small>	<b>3</b> <small>Months</small>	<b>4</b> <small>Days</small>
<b>Sex</b> <b>male</b>	<b>Color or Race</b> <b>white</b>	<b>Birth-place</b> <b>Talbot Co.</b>			
<b>Occupation</b> <b>—</b>		<b>Where Residing if not at place of death</b> <b>—</b>			
<b>Married, Single or Widowed</b> <b>—</b>		<b>Name of Wife or Husband</b> <b>—</b>			
<b>Father's Name</b> <b>Thomas Mushaw</b>		<b>Father's Birthplace</b> <b>Hungary</b>			
<b>Mother's Maiden Name</b> <b>Jeney E. Whiteley</b>		<b>Mother's Birthplace</b> <b>Dorchester Co. Md.</b>			
<b>Name of person giving information</b> <b>Thos Mushaw</b>		<b>How related to deceased</b> <b>Father</b>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

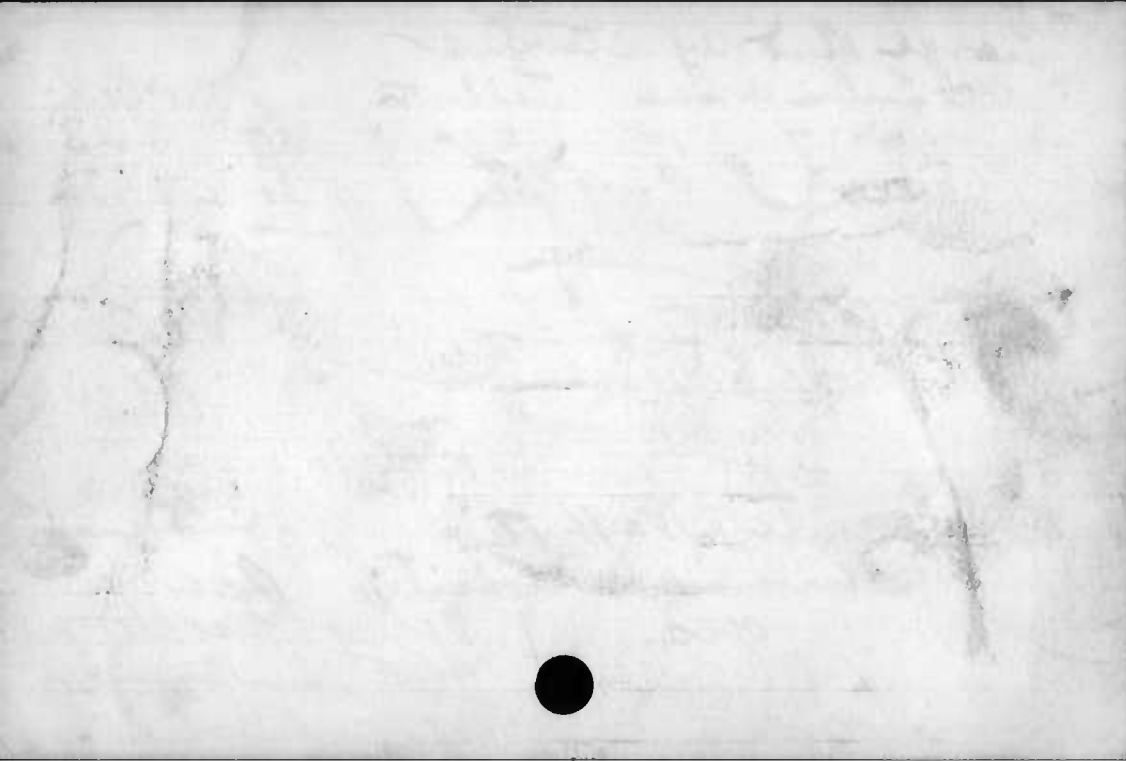
<b>Primary</b> <b>Enteric - Colitis</b>	<b>How long</b> <b>1 month</b>
<b>Immediate</b> <b>Exhaustion &amp; anemia</b>	<b>How long</b> <b>Same days</b>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <b>yes</b>	<b>Signature of Physician</b> <b>Mr. S. Seymour</b>
<b>Accident or Suicide?</b> <b>no</b>	<b>Address</b> <b>Trappe Md</b>





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND
	Date of death <u>1908</u> Month <u>July</u> Day <u>14</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>1</u>	
	Sex <u>Female</u>	Color or Race <u>Blk</u>	Birth-place <u>Easton</u>		
	Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>			
	Father's Name <u>Thurman H. Poney</u>	Father's Birthplace <u>Id</u>			
	Mother's Maiden Name <u>Mary Blake</u>	Mother's Birthplace <u>Id</u>			
Name of person giving information <u>T. H. Poney</u>	How related to deceased <u>Daughter</u>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Prolapsed Labor</u>	How long <u>—</u>			
	Immediate <u>—</u>	How long <u>—</u>			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Herndon</u>			
	Address <u>Easton</u>				
Accident or Suicide? <u>—</u>					

151

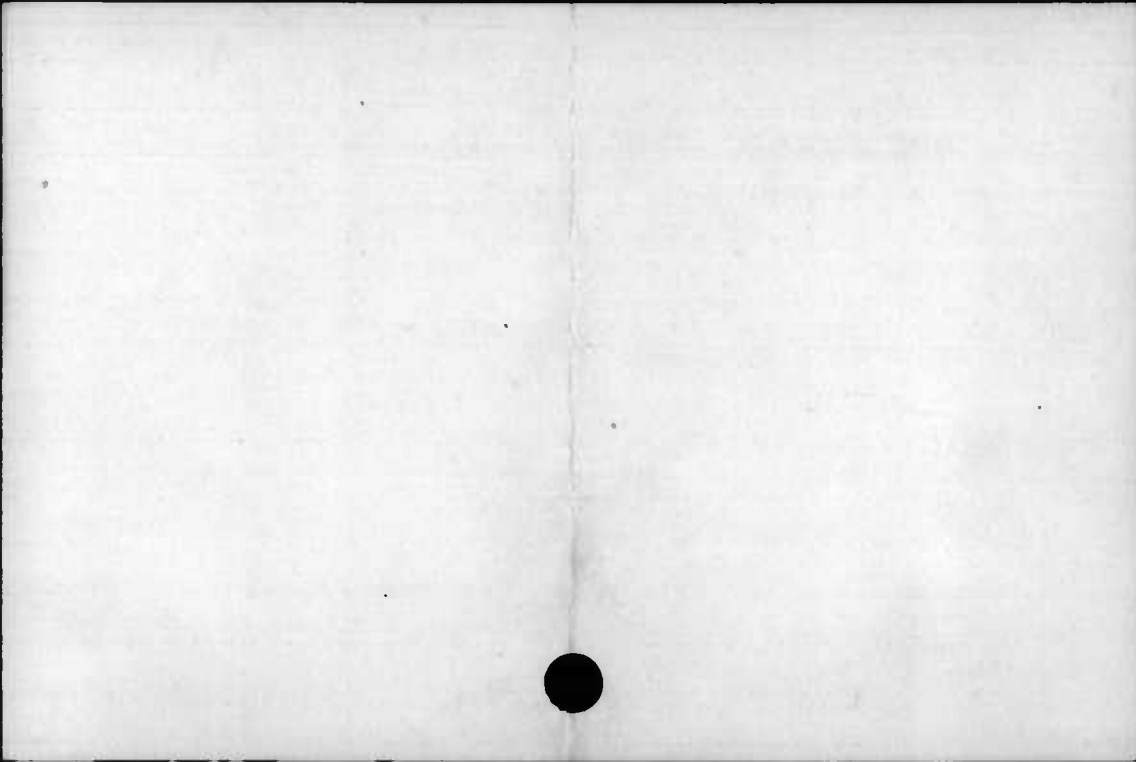


TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		George Rodney Stevens				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		7	17	5	5	7	23
Sex	Male		Color or Race	White		Birth-place	Same as death
Occupation	None		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	J. Ed. Stevens				Father's Birthplace	Va.	
Mother's Maiden Name	Mellie E. Sullivan				Mother's Birthplace	Ind.	
Name of person giving information	Mother				How related to deceased	—	
CAUSES OF DEATH							
Primary	Acute Nephritis				How long	Don't know	
Immediate	Chronic Nephritis				How long	One month	
Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Robley Hackett, M.D.	
					Address	Lynch, Anne, Ind.	
Accident or Suicide?	No					Ind.	

120



Name in Full

Certificate of Death

John Henry Thomas

Town

County

Died at Belton

Talbot

MARYLAND

Date <sup>1908</sup> ~~1909~~ Month <sup>7</sup> Day <sup>9</sup> Y. <sup>63</sup> M. <sup>-</sup> D. <sup>-</sup> Native of <sup>md</sup> Occupation <sup>Laborer. Farm</sup>  
 Male ~~Female~~ <sup>White</sup> ~~Colored~~ Married ~~Single~~ Widower ~~Widow~~ Divorced Number of children living <sup>Two</sup>

Husband of Annie Goldsborough  
 Wife of  
 Father's Name Isaac Goldsborough Mother's Name Annie Travis

Cause of Death Primary <sup>bas heart</sup> Bright's disease, with <sup>bas heart</sup> How long sick <sup>one year</sup> one year  
 Immediate <sup>Heart failure</sup> Heart failure (120) Accident, Suicide, Homicide

Reported by Samuel C. Trippe  
 Address Royal Oak. md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

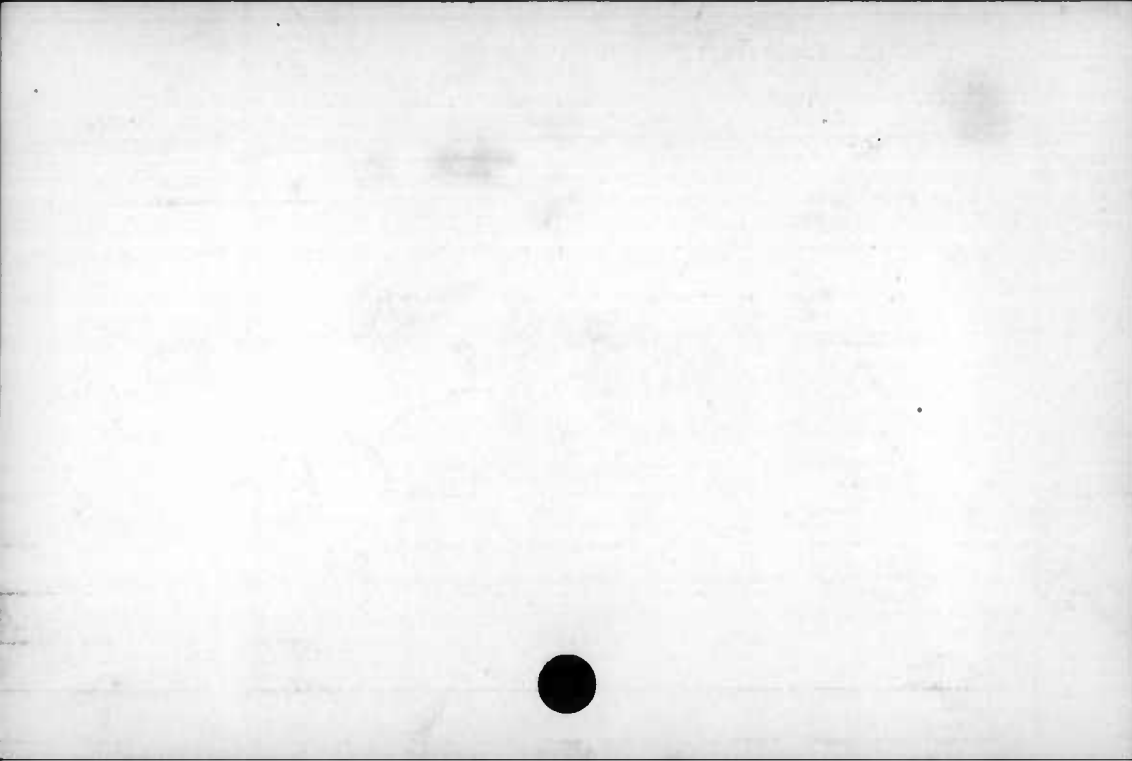
Died at		Town Earlton		County Talbott		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1908	July	28	31	6	7	
Sex	Female		Color or Race	Black		Birth- place	Earlton
Occupation	Housewife		Where Residing if not at place of death				
Married, <del>Single</del> <del>Widowed</del>	Name of Wife or Husband Dane L Waters						
Father's Name	Rob Emmonds				Father's Birthplace	Talbott	
Mother's Maiden Name	Sara West-				Mother's Birthplace	Talbott	
Name of person giving Information	Dane L Waters				How related to deceased	Heusland	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	7 months
Immediate	Genl. Sepsis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Robt. Bayne	
Address		Earlton, Md.	
Accident or Suicide?		no	





Name  
in  
Full

Henrietta Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

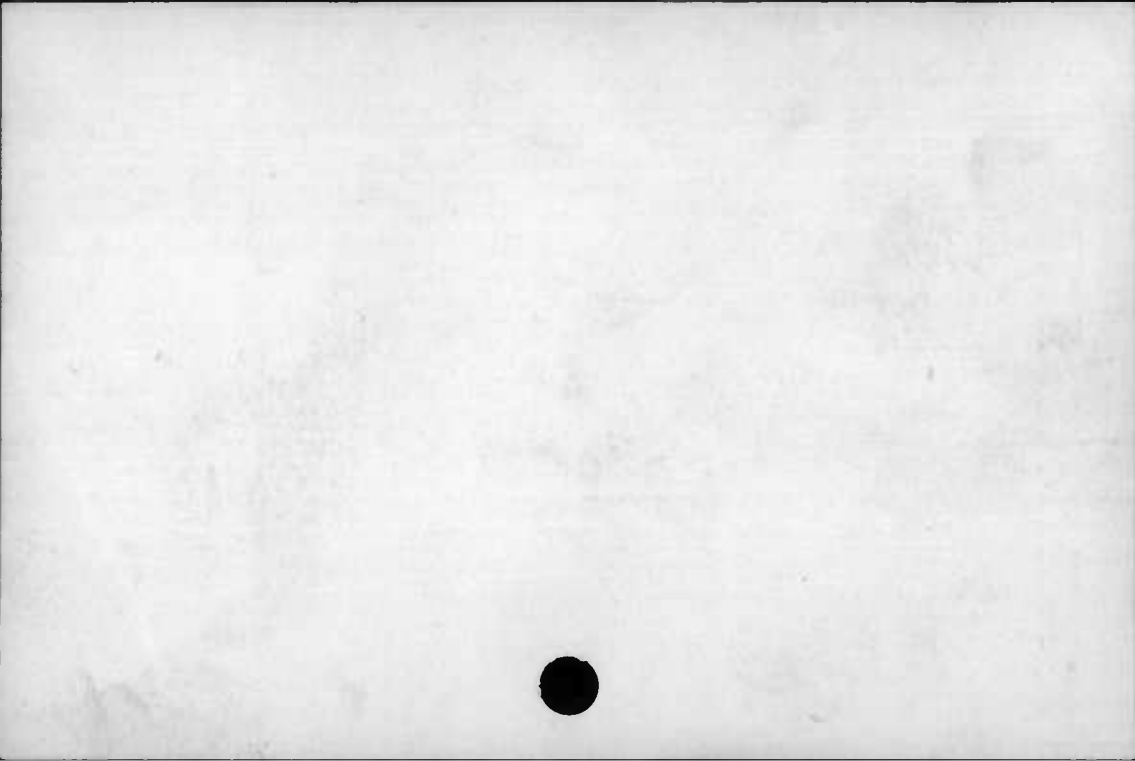
Died at		Newtown		Talbot		County		MARYLAND					
Date		Month		Day		Years		Months		Days			
of death		1908		July		19		Age		2		2	
Sex		Girl		Color or Race		Colored		Birth-place		Newtown		Chapel District	
Occupation		None		Where Residing if not at place of death		Same place							
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Alfred Carroll Wilson		Father's Birthplace		Chapel District Talbot Co							
Mother's Maiden Name		Eda Wilson		Mother's Birthplace		Chapel District Talbot Co							
Name of person giving information		Alfred Carroll Wilson		How related to deceased		Father							

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Enteritis	How long	Six days -
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. M. - Stettin M.D.
		Address	Cordova
			Md.
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		St Michaels		Talbot		MARYLAND						
		Date of death		1908	Month July	Day 11	Age	90	Years	Months 2	Days 8			
		Sex		Female		Color or Race		Black		Birth- place		Talbot		
		Occupation				Home wife				Where Residing if not at place of death				St Michaels
		Married, Single or Widowed		Widowed		Name of Wife or Husband		Horace Young						
		Father's Name		Andrew Nichols				Father's Birthplace		Talbot				
		Mother's Maiden Name		Not known				Mother's Birthplace		not known				
		Name of person giving In formation		Henrietta Young				How related to deceased		daughter				
<div>CAUSES OF DEATH</div> <div>154</div>														
PHYSICIAN OR CORONER		Primary		Old Age General Debility				How long						
		Immediate		Heart failure				How long						
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician				J. D. Davis		
								Address				St Michaels Md		
		Accident or Suicide?												

